

## REFUND/CANCELLATION REQUEST

**Account owner:** Please review our cancellation and refund policy before you complete this form, and include any required documentation. For a copy of our cancellation and refund policy, please visit our Web site or call us.

### Current Account Information

Account Number			
Account Owner		SSN or TIN	
Street Address/Apartment Number		Email Address	
Post Office Box Number		Telephone Numbers	
City/State/ZIP Code		Home	Work

### Request for Cancellation and Refund

I hereby request a refund of \_\_\_\_\_ GET tuition units based on the following criteria: (Please choose only one.)

*Review the cancellation and refund policy and FAQs for a full description of each criterion.*

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Death of Student Beneficiary:</b> include copy of death certificate.  | <input type="checkbox"/> <b>Within 3 days:</b> see policy for criteria.                                |
| <input type="checkbox"/> <b>Disability of Student Beneficiary:</b> include copy of medical documentation.   | <input type="checkbox"/> <b>Within 6 months:</b> see policy for criteria.                              |
| <input type="checkbox"/> <b>Scholarship:</b> include copy of scholarship award.   | <input type="checkbox"/> <b>Less than \$500:</b> see policy for criteria.                              |
| <input type="checkbox"/> <b>Graduation/Program Completion:</b> include copy of certificate/diploma.   | <input type="checkbox"/> <b>Meets 2-year waiting period requirement.</b>                               |
| <input type="checkbox"/> <b>Non-Attendance:</b> "I certify that the student beneficiary is 18 years of age or older, and will not be attending an eligible institution of higher education, as determined in state law (RCW 28B.10)." | <input type="checkbox"/> <b>Bankruptcy:</b> include copy of bankruptcy filing and letter from trustee. |
|   | <input type="checkbox"/> <b>Financial Hardship:</b> (excluding bankruptcy). See policy for criteria.   |
|   | <input type="checkbox"/> <b>My account balance is zero. Cancel my account.</b>                         |

### Payment Arrangements

- ☐ **Inactivate ACH** Please inactivate the Automatic Monthly Withdrawal associated with this GET Account.  
**Note:** We cannot guarantee that this will be cancelled in time for the next scheduled withdrawal. Call us for details.
- ☐ **Payroll Deduction** To inactivate your payroll deduction, you must complete and submit the **Payroll Deduction Form** to your payroll office.  
**Note:** Contact your payroll office to confirm the end date for your payroll deduction.

**Make refund check payable to:** ☐ Account Owner ☐ Student Beneficiary

### Account Owner's Signature - Required

**Only the account owner may request a refund.**

*I certify under penalty of perjury that I am the legal account owner, and I authorize this request for the Guaranteed Education Tuition Program account indicated above.*

Account Owner's Signature (Notary must witness signature.)

Date

### Notary Section - Required

State of \_\_\_\_\_

County of \_\_\_\_\_

*I certify that I know or have satisfactory evidence that \_\_\_\_\_ is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.*

Date \_\_\_\_\_

Signature \_\_\_\_\_

(Seal or Stamp)

Title \_\_\_\_\_

My appointment expires \_\_\_\_\_

**Send to:** Guaranteed Education Tuition, P.O. Box 43450, Olympia, WA 98504-3450

**Questions:** GETInfo@hecb.wa.gov or 1-800-955-2318